

CONSENT TO DISCLOSE PERSONAL INFORMATION

The Holy Family Catholic Regional Division is requesting your permission to use your child's personal information (i.e., image, grade and/or name, etc.) in public venues or on the internet where the general public may have access to the information in order to communicate with parents, the community and the general public.

By signing this form, you are agreeing that your child's personal information may be used in the following ways by the school and school district. Examples include, but are not limited to:

- posting pictures, videos, podcasts or presentations online;
- brochures, programs booklets, advertisements, newsletters or publications;
- accessing and posting information to public websites or social media applications;
- video and audio recordings, displays in public;
- sharing student information with the media or any other organization/individual previously approved by the Division where the student named below is identified;
- photographs, videos or interviews taken by the media or any other organization/individual previously approved by the Division where the student named below is identified;
- copyright for artwork or creative writing which will be reproduced for use outside the classroom and/or displayed at public events; and
- release of a students' name outside of the school where not specified in Administrative Procedure 180 – Appendix.

Classroom lessons may also be digitally recorded to provide material for staff development or to demonstrate good professional practices. These recordings may be shared with other educational organizations.

Some websites may require students to login and provide information such as their name, school and email address when they are sharing digital images, videos and presentations across the school district or on public websites.

By signing this form and returning it to the school, you are consenting to your child's information being used for these purposes. **If no form is returned, it indicates that consent was NOT given.**

Yes, I consent to my child's information being used for the above stated purposes.

Student name: _____

Consent period: September 1, 20_____ to August 31 of the year my child enters grade 4, 7, or 10.

Parent/Legal Guardian's name: _____

Parent/Legal Guardian/Independent Student Signature

If you have any questions or concerns regarding the collection of this information and the intended purpose, please contact the Principal at your school, or the FOIP Coordinator for Holy Family Catholic Regional Division #37, 10307-99 Street, Peace River, AB T8S 1K1 - Phone: 1-800-285-8712